

**APPENDIX B****AFCARS Required Data Elements**

The following foster care data elements in OASIS are mandated for all children in foster care. The state could face federal penalties if information is not current and accurate.

<b>AFCARS FC ELEMENT</b>	<b>AFCARS ELEMENT NUMBER</b>	<b>AFCARS VALUE</b>	<b>NAVIGATION PATH OASIS SCREEN LOCATION</b>
State	1		Coded By Report
Report End Date	2		Coded By Report
Local FIPS Code	3		Coded By Report
Record Number	4		System Generated
Date of Last Hearing/Review	5	MMDDCCYY00/00/0000 One of the following types of AFCARS hearings/reviews must be entered every 6 months: Court Review, Administrative Panel Review, Permanency Planning 75 Day Disposition, Supervisory Review or Termination	Court\FC\Adp\CI Crt Info\Hearing/Review\Detail
Child's Birth Date	6	MMDDCCYY00/00/0000	Client\General Information
Child's Sex	7	Female Male Unknown	Client\General Information
Child's Race	8	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/ Other Pacific Islander White Multi-Race Unable to Determine	Client\General Information
Child's Hispanic Origin	9	Yes No Unable To Determine	Client\General Information
Diagnosed Disability – Has The Child Been Clinically Diagnosed?	10	Determined by selection of AFCARS recognized disabilities	Client\Demo\Characteristics
<b>11 – 15 DISABILITY TYPES</b>			
Mental Retardation	11	Select All That Apply Disability type is determined by selection of disability from Physical\Medical and Behavioral\Psiychological categories	Client\Demo\Characteristics
Visually/Hearing Impaired	12		
Physically Disabled	13		
Emotionally Disturbed	14		
Other Diagnosed Condition	15		
Child Ever Been Adopted	16	Yes No Unknown	Client\General Information

Age At Adoption For	17	Less Than 2 Yrs. Old2 – 5	Client\General Information
Date Of First Removal From Home	18	MMDDCCYY00/00/0000	Cust. Status\Phys
Total Number Of Removals	19	System Determined By Number Of Removals	Cust. Status\Phys. Removal\Child's Physical Removal
Date Child Was Discharged From Last Foster Care Episode	20	MMDDCCYY00/00/0000	Placement\Place\Enter/Exit
Latest Removal Date	21	MMDDCCYY00/00/0000	Cust. Status\Phys. Removal\Child's Physical Removal
Removal Transaction Date	22	Worker Must Enter Latest Removal Date Within 60 Days Of Removal	System Generated
Date Of Placement In Current Foster Care Setting	23	MMDDCCYY00/00/0000	Placement\Place\Enter/Exit
Number Of Previous Placement Settings During This Removal Episode	24	System Determined By Count of Unique Resource ID Numbers	System Generated
Manner Of Removal From Home For Current Placement Episode	25	Court Ordered Emergency Removal Entrustment-Temporary Entrustment-Permanent Non-Custodial	Cust. Status\Phys. Removal\Child's Physical Removal
<b>26 – 40 CONDITIONS</b>			
Physical Abuse	26	Select Those That Apply	Cust. Status\Phys. Removal\Child's Physical Removal
Sexual Abuse	27		
Neglect	28		
Alcohol Abuse (Parent)	29		
Drug Abuse (Parent)	30		
Alcohol Abuse (Child)	31		
Drug Abuse (Child)	32		
Child Disability	33		
Child Behavior Problem	34		
Parent Death	35		
Parent Incarceration	36		
Caretaker Inability To Cope	37		
Abandonment	38		
Relinquishment	39		
Inadequate Housing	40		
Current Placement Setting (Type of Placement)	41	Non-Finalized Adoption, Emergency Shelter, Foster Home, CPA Permanent Foster Home, CPA Regular Foster Home, CPA Therapeutic Foster Home, Emergency Foster Home, Non-Relative Foster Home, Permanent Foster Home, Relative Foster Home, Group Home, Independent	Placement\Place\Enter/Exit

		Living (On Their Own), IL\Supervised Program or Dormitory, Psychiatric Facility, Unapproved Relative Home, Residential Facility, Runaway, Other	
Out Of State Placement	42	County Requesting This Out Of State Resource	Resource\General Information
Most Recent Case Plan Goal	43	Return To Own Home Relative Foster Care Adoption Permanent Foster Care Independent Living Another Planned Permanent Living Arrangement Continued Foster Care To Be Determined	Court\FC\Adp\CI Crt Info\Hearing/Rev OR Case Plan\FC\Service Plan\Service Plan
Caretaker Family Structure (Family Child Was Removed From)	44	Divorced Female Divorced Male Married Couple Separated Female Separated Male Single Female Single Male Unmarried Couple Unable to Determine	Cust. Status\Phys. Removal\Child's Physical Removal
DOB Of First Caretaker	45	MMDDCCYY00/00/0000	Client\General Information
DOB Of Second Caretaker	46	MMDDCCYY00/00/0000	Client\General Information
Date Of Mother's Termination Of Parental Rights	47	MMDDCCYY00/00/0000	Court\FC\Adp\CI Crt Info\Par Rights\Termination of Parental Rights
Date Of Father's Termination Of Parental Rights	48	MMDDCCYY00/00/0000	Court\FC\Adp\CI Crt Info\Par Rights\Termination of Parental Rights
Foster Family Structure	49	Divorced Female Divorced Male Married Couple Separated Female Separated Male Single Female Single Male Unable To Determine Unmarried Couple	Resource\Directory\Info\General Information
DOB Of First Foster Parent	50	MMDDCCYY00/00/0000	Resource\Directory\Homes\Member s
DOB Of Second Foster Parent	51	MMDDCCYY00/00/0000	Resource\Directory\Homes\Member s
Race Of First Foster Parent	52	American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White Multi-Race Unable To Determine	Resource\Directory\Homes\Member s
Hispanic Origin	53	Yes No Not Yet Determined	Resource\Directory\Homes\Member s
Race Of Second Foster Parent	54	American Indian/Alaskan Native Asian Black/African	Resource\Directory\Homes\Member s

		American Native Hawaiian/Pacific Islander White Multi-Race Unable To Determine	
Hispanic Origin	55	Yes No Unable To Determine	Resource\Directory\Homes\members
Discharge Date-- Date Child Was Discharged From Foster Care	56	MMDDCCYY00/00/0000	Placement\Place\Enter/Exit
Discharge Reason	57	Only the following Exit Reasons are picked up as AFCARS Discharge reasons: Adoption Custody Transfer to Other Relative Custody Transfer to Another Agency Commitment to Corrections Death of Child Emancipation Reunification Runaway Other	Placement\Place\Enter/Exit (field name: Exit Reason)
Discharge Transaction Date	58	Worker Must Enter Exit Date Within 60 Days	Coded By System
<b>59 – 64 PAYMENT TYPES</b>			
Title IV-E Foster Care	59	Select One That Applies	Client\Finances\Funding Scr\Funding Sources
Title IV-E Adoption	60		
Title IV-A	61		
Title IV-D	62		
Title XIX	63		
SSI	64		
None Of The Above Source Of Federal Support	65		System generated based on response to elements 59 - 64
Amount Of Monthly Subsidy	66	0000-99999	Client\Finances\Funding Scr\Funding Sources